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Clinical Memorandum.

A CASE OF AGORAPHOBIA.¹

BY ALBERT N. BLODGETT, M.D., OF BOSTON.

THE patient is a man, forty years of age, married, in whose family history there is no known peculiarity or hereditary predisposition. At the age of ten years, while crossing the Atlantic Ocean, from some cause unknown to the patient, he became suddenly and totally blind. From that time he has never recovered the power of vision, and the eyes have undergone a process of atrophy, so that the bulbs are little, if any, more than one-half the size of the natural organs. The patient was never a particularly strong person, but has not had more than the average amount of sickness, nor have the illnesses from which he has suffered been in any way extraordinary. Since the loss of sight, the patient has noticed a peculiar sensation, unknown before, which came only at rare intervals at first, but has gradually increased, both in frequency and in the degree of severity, until it now affects him continually, and is a cause of constant distress to him, as well as of anxiety to those around him. This affection consists of a sensation of giddiness, or perhaps, more properly, of vertigo, for it is usually accompanied by a feeling of nausea, which was, at first, usually noticed more particularly after unusual exertion, or in conditions of great exhaustion, but which have since been so constant as to leave him hardly any period of freedom.

The vertigo is accompanied by a peculiar state of mental distress, which the patient describes as a most torturing feeling of anxiety, which hangs over him all the time, and is steadily increasing. He is afraid to go about; he is terrified at the thought of crossing the street, or at the idea of walking through a public square or place. He is thrown into a state of fear by the attempt to cross a park, even when not alone, and is made so wretched by the same sensation in the

horse-cars, that he seldom comes into town, though the distance from his home to the city is but trifling.

The giddiness is often accompanied by a sensation of fulness in the region of the stomach, and the patient frequently belches large quantities of gas during or after the severer attacks of vertigo. He thinks that his stomach is "sensitive," and does not take cold drinks, for fear of "chilling the stomach." Does not partake largely of either tea or coffee. His digestion is said to be good, natural rest is obtained, though the actual amount of sleep is seldom more than six or seven hours, and he wakes refreshed and invigorated. He can never tell, by any symptom, when the exacerbations are coming on, but is sure that the malady is gradually becoming more and more constant, and that it is also more severe than formerly. He now seldom goes out on any pretence, on account of the fear or sense of oppression which the sensation of infinite vastness around him causes him to experience. He has no ringing in the ears, and suffers no pain, other than a sense of dull aching in the frontal region, and the discomfort in the region of the stomach. He has no vomiting or other gastric disturbance, and no signs of any organic disease. Pulse 72, temperature normal.

The patient's skin is of a tawny hue, reminding one of the peculiar color of the surface in advanced marasmus, or in cases of extensive malignant disease, and resembles somewhat the dusky tint observed in Graves's disease. The other features of these maladies are, however, totally wanting in our patient, and the coloration of the skin may be only an accidental or congenital coincidence. The patient is thin, bony, and has the appearance of constant expectation, or, one might almost say, apprehension of impending danger. There is no indication of any mental or moral impairment in the patient. He is a man of fine sensibilities and of acute understanding, and is fully up to the standard of ordinary men.

This condition does not seem to be due to the perversion of any of the special senses, nor is it peculiar to persons who are deprived of any of the special senses. During a considerable acquaintance with the blind, and some experience in the treatment of disease in these unfortunate persons, I have not observed in them the indications of the condition I have here described.

The condition in this patient seems to be a psychosis — a functional disturbance of the intellectual faculties — and is similar, in some degree, to the sensation of unsteadiness which sometimes precedes the giddiness associated with threatened seasickness. From this similarity, it has seemed to me that the disease might be connected with some derangement of the sympathetic nervous system, or with some obscure condition of disturbed function of the semi-circular canals of the internal ear, although I have not been able to establish such a connection in this case. It is well known that slight interference with the sympathetic nervous system may bring on symptoms resembling those of aural vertigo, and that the passage of the galvanic current through the cervical sympathetic will occasion, in a healthy person, a train of symptoms resembling to some extent those noticed in this patient. There is no appearance of impairment of any of the cerebral functions or faculties, nor is there, apparently, any disturbance of motion or of sensation. The special senses, with the exception of that of sight, seem to be normal, unless the increased acuteness of

¹ Read before the Suffolk District Medical Society, Section for Clinical Medicine, Pathology, and Hygiene, June 7, 1887.

the remaining senses, observed after the abolition or serious impairment of one of them, be reckoned a pathological condition.

Dr. Ferdinand Bottey, in the *Société Médico-Pratique*, made an interesting communication upon the subject of "Claustrophobia or Clitrophobia." This affection is also a psychosis, but of exactly the opposite character from that recorded in this paper, and manifests itself in uncontrollable anxiety and terror on the part of the patient, when in any closed room, or in any confined space. In Bottey's case, the patient, who is now forty-three years old, had suffered for twenty years from articular rheumatism, for ten years from chorea, and later, from typhus.

The patient has no neurotic ancestry. After a public assembly, ten years ago, there was a disturbance in the streets, in which the patient was nearly crushed by the crowd. He suddenly became much distressed, which was followed by a condition of absolute helplessness. He was greatly excited, trembled in his entire body, the surface of the skin was covered with perspiration, and the face was deathly pale. He was certain that he could never live to get out of the crowd, or would surely be injured. From this time, the patient has been subject to frequent repetitions of this condition, in which his sufferings are most intense. In travelling by rail, his tortures are increased by the entrance of each new passenger into the conveyance in which he is seated. The situation at length usually becomes so painful to him, that he would much prefer to die than to continue the journey. If he chances to be in an omnibus, he is somewhat more comfortable, as he can always get out of it, and thus gain space. He once was driven to that point of desperation on a small steamer, that he tried to jump overboard into Lake Geneva, and was restrained only with much trouble. He will not trust himself to sleep in a hotel. In the theatre, he always selects a seat in some corner near the exit. The patient is active in political affairs, and his peculiarity was the cause of much merriment on one occasion, because he insisted on having the platform for public speaking located near the outer door, at the rear of the auditorium, without being able to give any plausible reason therefor. Otherwise, the condition of the patient is normal in all respects. He is of very cheerful temperament, and no one outside of the circle of his intimate friends is aware of his peculiarity. In etiological directions, it is of interest to know that the mother of the patient suffered from stone, his father was rheumatic, one grandfather was gouty, and the patient is also rheumatic. Thus far, it would appear that the arthritic diathesis may stand in some causative relation to this psychosis.

The condition here imperfectly described seems to consist of a pure neurosis of obscure and variable character, similar to some of the other forms of psychical disturbance, and is sometimes seen in relation to various chronic diseases, particularly syphilis. In this form of the affection, the mind of the patient is filled with an unreasoning and indescribable fear of the disease, even although he may know that no symptom of the malady has ever existed in his person.

— The Emperor William has sent a sum of ten thousand marks to be distributed among the necessitous people in the cholera stricken districts of Messina.

Reports of Societies.

MASSACHUSETTS MEDICAL SOCIETY. SUFFOLK DISTRICT. SECTION FOR CLINICAL MEDICINE, PATHOLOGY AND HYGIENE.

ALBERT N. BLODGETT, M.D., SECRETARY.

JUNE 7, 1887. By the courtesy of the Massachusetts Institute of Technology, the Section was convened in Huntington Hall.

The meeting was called to order, at eight o'clock, by the Secretary, who announced that DR. KNIGHT, the Chairman, had been suddenly called out of the State, and would not be able to attend the meeting. On motion of DR. C. P. PUTNAM, DR. S. W. LANGMAID was chosen Chairman, *pro tem*.

The reading of the records of the last meeting was omitted.

DR. C. P. PUTNAM, in behalf of the Committee on Physical Education of School-children, presented a report of progress, and offered a written recommendation for further action upon this subject by the State Society, which was unanimously carried.

The recommendation is as follows:

"Voted, That the Section of Clinical Medicine, Pathology, and Hygiene recommend to the Massachusetts Medical Society that it authorize the President to appoint a committee to investigate the methods of physical culture now employed, to consider their relative value, and to report what they regard as the best plan to be adopted; and also, that such report be laid before the Commissioners of Education."

DR. W. J. FARLOW read an interesting paper on

CASCARA SAGRADA, AND ITS USE IN CONSTIPATION.¹

DR. J. J. MINOT stated that he had used this remedy to a considerable extent in the treatment of constipation, and always with the most satisfactory results. The remedy, in his hands, has always proved efficacious, and he would be at a loss to replace it as a means of treatment in cases of this most refractory condition. He has found the dose to be variable, in some cases, the amount required to produce the desired action being considerably greater than in other cases, without any appreciable difference in the patients. The dose which had often proved useful in his observation is ten drops, which is soon reduced to five drops, and, after a few days, is discontinued entirely.

DR. C. P. PUTNAM asked the reader if the other ingredients of the cordial of cascara aided or benefited the action of the cascara itself in its effect upon the system.

DR. FARLOW said that, in a composite mixture, such as the cordial of cascara is, the action of the substance is not so easily determined, and he much prefers to use the drug in its simple form, in order to eliminate all but the effects of the remedy with which he is experimenting. When the drug is employed in the treatment of children's diseases, there is no doubt that the cordial is a better form for administration.

DR. BLODGETT asked the reader if the drug, as furnished by the pharmacists, is of uniform quality, and reliable in its activity.

DR. FARLOW replied that he has had no trouble with any of the standard preparations of this drug, as manufactured by responsible firms. He mentioned

¹ See page 402 of the Journal.